

<i>SERFF Tracking Number:</i>	<i>TRVD-125730661</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company Ltd.,(U.S.Branch), ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>2008-06-0055</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation and Employers Liability Rate Filing/2008-06-0055</i>		

Filing at a Glance

Companies: NIPPONKOA Insurance Company Ltd.,(U.S.Branch), Athena Assurance Company, Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, St. Paul Protective Insurance Company, The Charter Oak Fire Insurance Company, The Phoenix Insurance Company, The Standard Fire Insurance Company, The Travelers Indemnity Company, The Travelers Indemnity Company of America, The Travelers Indemnity Company Of Connecticut, Travelers Casualty and Surety Company, Travelers Casualty Insurance Company of America, Travelers Property Casualty Company of America

Product Name: Workers Compensation	SERFF Tr Num: TRVD-125730661	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 16.0004 Standard WC	Co Tr Num: 2008-06-0055	State Status: Fees verified and received
Filing Type: Rate	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Authors: Carrie Acuna, Carol Letendre	Disposition Date: 07/16/2008
	Date Submitted: 07/14/2008	Disposition Status: Approved
Effective Date Requested (New): 09/01/2008		Effective Date (New): 09/01/2008
Effective Date Requested (Renewal): 09/01/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Workers Compensation and Employers Liability Rate Filing	Status of Filing in Domicile: Pending
Project Number: 2008-06-0055	Domicile Status Comments: N/A
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 07/16/2008	
State Status Changed: 07/15/2008	Deemer Date:
Corresponding Filing Tracking Number:	

<i>SERFF Tracking Number:</i>	<i>TRVD-125730661</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-06-0055</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation and Employers Liability Rate Filing/2008-06-0055</i>		

Filing Description:

In compliance with the insurance laws and regulations in your state, we respectfully submit a revision to our Workers Compensation Program.

This filing adopts NCCI circular CIF – 2008 – 05 effective September 1, 2008 for the above companies. The current base company loss cost multiplier of 1.422 will be applied to the bureau approved loss cost of \$0.01 for Terrorism and the bureau approved loss cost of \$0.01 for Catastrophe (other than Certified Acts of Terrorism) resulting in a final rate of \$0.01 for each. This is consistent with the current methodology used to determine the final rates for foreign terrorism and DTEC, the changes are displayed on the attached addendum to the miscellaneous values page for the companies.

Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

Company and Contact

Filing Contact Information

Carol Letendre, Senior Regulatory Analyst	CLETENDR@travelers.com
385 Washington Street	(651) 310-7110 [Phone]
St. Paul, MN 55102	(651) 310-4361[FAX]

Filing Company Information

NIPPONKOA Insurance Company	CoCode: 27073	State of Domicile: New York
Ltd.,(U.S.Branch)		
One Tower Square	Group Code: 2558	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 98-0032627	

Athena Assurance Company	CoCode: 41769	State of Domicile: Minnesota
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:
(651) 310-7782 ext. [Phone]	FEIN Number: 41-1435765	

Farmington Casualty Company	CoCode: 41483	State of Domicile: Connecticut
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SERFF Tracking Number:	TRVD-125730661	State:	Arkansas
First Filing Company:	NIPPONKOA Insurance Company Ltd.,(U.S.Branch), ...	State Tracking Number:	EFT \$100
Company Tracking Number:	2008-06-0055		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Workers Compensation and Employers Liability Rate Filing/2008-06-0055		

One Tower Square Hartford, CT 06183 (860) 277-5660 ext. [Phone]	Group Code: 3548 Group Name: FEIN Number: 06-1067463 -----	Company Type: State ID Number:
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St. Paul Fire and Marine Insurance Company 385 Washington Street St. Paul, MN 55102 (651) 310-7782 ext. [Phone]	CoCode: 24767 Group Code: 3548 Group Name: FEIN Number: 41-0406690 -----	State of Domicile: Minnesota Company Type: State ID Number:
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St. Paul Guardian Insurance Company 385 Washington Street St. Paul, MN 55102 (651) 310-7782 ext. [Phone]	CoCode: 24775 Group Code: 3548 Group Name: FEIN Number: 41-0963301 -----	State of Domicile: Minnesota Company Type: State ID Number:
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St. Paul Mercury Insurance Company 385 Washington Street St. Paul, MN 55102 (651) 310-7782 ext. [Phone]	CoCode: 24791 Group Code: 3548 Group Name: FEIN Number: 41-0881659 -----	State of Domicile: Minnesota Company Type: State ID Number:
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St. Paul Protective Insurance Company 385 Washington Street St. Paul, MN 55102 (651) 310-7782 ext. [Phone]	CoCode: 19224 Group Code: 3548 Group Name: FEIN Number: 36-2542404 -----	State of Domicile: Illinois Company Type: State ID Number:
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The Charter Oak Fire Insurance Company One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25615 Group Code: 3548 Group Name: FEIN Number: 06-0291290 -----	State of Domicile: Connecticut Company Type: State ID Number:
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The Phoenix Insurance Company One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25623 Group Code: 3548 Group Name: FEIN Number: 06-0303275 -----	State of Domicile: Connecticut Company Type: State ID Number:
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<i>SERFF Tracking Number:</i>	<i>TRVD-125730661</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-06-0055</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation and Employers Liability Rate Filing/2008-06-0055</i>		

The Standard Fire Insurance Company	CoCode: 19070	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-5660 ext. [Phone]	FEIN Number: 06-6033509	

The Travelers Indemnity Company	CoCode: 25658	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0566050	

The Travelers Indemnity Company of America	CoCode: 25666	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 01683	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 58-6020487	

The Travelers Indemnity Company Of Connecticut	CoCode: 25682	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0336212	

Travelers Casualty and Surety Company	CoCode: 19038	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-6033504	

Travelers Casualty Insurance Company of America	CoCode: 19046	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0876835	

Travelers Property Casualty Company of America	CoCode: 25674	State of Domicile: Connecticut
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<i>SERFF Tracking Number:</i>	<i>TRVD-125730661</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-06-0055</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation and Employers Liability Rate Filing/2008-06-0055</i>		

One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 36-2719165	

SERFF Tracking Number: TRVD-125730661 State: Arkansas
First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$100
Ltd.,(U.S.Branch), ...
Company Tracking Number: 2008-06-0055
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Workers Compensation and Employers Liability Rate Filing/2008-06-0055

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: Flat fee for rate filings.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	\$100.00	07/14/2008	21400017
Athena Assurance Company	\$0.00	07/14/2008	
Farmington Casualty Company	\$0.00	07/14/2008	
St. Paul Fire and Marine Insurance Company	\$0.00	07/14/2008	
St. Paul Guardian Insurance Company	\$0.00	07/14/2008	
St. Paul Mercury Insurance Company	\$0.00	07/14/2008	
St. Paul Protective Insurance Company	\$0.00	07/14/2008	
The Charter Oak Fire Insurance Company	\$0.00	07/14/2008	
The Phoenix Insurance Company	\$0.00	07/14/2008	
The Standard Fire Insurance Company	\$0.00	07/14/2008	
The Travelers Indemnity Company	\$0.00	07/14/2008	
The Travelers Indemnity Company of America	\$0.00	07/14/2008	
The Travelers Indemnity Company Of Connecticut	\$0.00	07/14/2008	
Travelers Casualty and Surety Company	\$0.00	07/14/2008	
Travelers Casualty Insurance Company of America	\$0.00	07/14/2008	
Travelers Property Casualty Company of America	\$0.00	07/14/2008	

SERFF Tracking Number:	TRVD-125730661	State:	Arkansas
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Company Tracking Number:	2008-06-0055		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Workers Compensation and Employers Liability Rate Filing/2008-06-0055		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted			
Approved	Carol Stiffler	07/16/2008	07/16/2008			
Objection Letters and Response Letters						
Objection Letters		Response Letters				
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	07/15/2008	07/15/2008	Carol Letendre	07/16/2008	07/16/2008
Industry						
Response						

SERFF Tracking Number:	TRVD-125730661	State:	Arkansas
First Filing Company:	NIPPONKOA Insurance Company Ltd.,(U.S.Branch), ...	State Tracking Number:	EFT \$100
Company Tracking Number:	2008-06-0055		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Workers Compensation and Employers Liability Rate Filing/2008-06-0055		

Disposition

Disposition Date: 07/16/2008
Effective Date (New): 09/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: TRVD-125730661 State: Arkansas

First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$100
 Ltd.,(U.S.Branch), ...

Company Tracking Number: 2008-06-0055

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Workers Compensation and Employers Liability Rate Filing/2008-06-0055

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Expedited Transmittal	Approved	Yes
Rate	Rate Page	Approved	Yes

SERFF Tracking Number: TRVD-125730661 *State:* Arkansas
First Filing Company: NIPPONKOA Insurance Company *State Tracking Number:* EFT \$100
Ltd.,(U.S.Branch), ...
Company Tracking Number: 2008-06-0055
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Workers Compensation and Employers Liability Rate Filing/2008-06-0055

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/15/2008
Submitted Date 07/15/2008
Respond By Date
Dear Carol Letendre,

This filing indicates you are adopting NCCI Circular CIF-2008-05. We do not receive or approve circulars. You must state the Item Filing number shown in the circular. The Item Filing # is the unique number assigned by NCCI to an item filing. Often Circulars and Item Filings have the same numbers but are not related to each other. Please state the Item Filing Number.

On future NCCI adoption filings the Item Filing number should be shown in the Reference Number field on the General Information. It cannot be inserted there once the filing is submitted and this time we will accept it in your response to our objection letter.

Please feel free to contact me if you have questions.
Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/16/2008
Submitted Date 07/16/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Dear Ms. Stiffler:

The NCCI Item number is Item B-1407. I apologize for not including this information with the initial filing information.

Sincerely,

<i>SERFF Tracking Number:</i>	<i>TRVD-125730661</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-06-0055</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation and Employers Liability Rate Filing/2008-06-0055</i>		

Carol Letendre

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Carol Letendre, Carrie Acuna

<i>SERFF Tracking Number:</i>	<i>TRVD-125730661</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-06-0055</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation and Employers Liability Rate Filing/2008-06-0055</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	TRVD-125730661	State:	Arkansas
First Filing Company:	NIPPONKOA Insurance Company	State Tracking Number:	EFT \$100
	Ltd.,(U.S.Branch), ...		
Company Tracking Number:	2008-06-0055		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Workers Compensation and Employers Liability Rate Filing/2008-06-0055		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Rate Page	WC-AR-CAT-1	New	CAT AR Miscellaneous Values Page.pdf

**Workers Compensation and Employers Liability
Effective: September 1, 2008**

Catastrophe Provisions

ARKANSAS

Terrorism	\$ 0.01 per \$100 of Remuneration
Catastrophe (other than Certified Acts of Terrorism)	\$ 0.01 per \$100 of Remuneration

Licensed Companies

St. Paul Fire & Marine Ins Co (SPF), St. Paul Mercury Ins Co (SPM), St. Paul Guardian Ins Co (SPG), Athena Assurance Co (SAA), St. Paul Protective Ins Co (SPP), Travelers Indemnity Co (IND), Travelers Property Casualty Co of America (TIL), Charter Oak Fire Ins Co (COF), Travelers Indemnity Co of America (TIA), Travelers Indemnity Co of CT (TCT), Phoenix Ins Co (PHX), Travelers Casualty & Surety Co (ACR), NIPPONKOA Ins Co (JFM), Standard Fire Ins Co (ASF), Farmington Casualty Co (AFC), Travelers Casualty Ins Co of America (ACJ)

WC - AR - CAT - 1

SERFF Tracking Number: TRVD-125730661 State: Arkansas
First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$100
Ltd.,(U.S.Branch), ...
Company Tracking Number: 2008-06-0055
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Workers Compensation and Employers Liability Rate Filing/2008-06-0055

Supporting Document Schedules

	Review Status:	
Bypassed -Name: Uniform Transmittal Document-Property & Casualty	Approved	07/16/2008
Bypass Reason: N/A - TRIPRA		
Comments:		

	Review Status:	
Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation	Approved	07/16/2008
Bypass Reason: N/A - TRIPRA		
Comments:		

	Review Status:	
Bypassed -Name: NAIC loss cost data entry document	Approved	07/16/2008
Bypass Reason: N/A - TRIPRA		
Comments:		

	Review Status:	
Satisfied -Name: Expedited Transmittal	Approved	07/16/2008
Comments:		
Attachment: AR Terrorism Expedited Form 2007.pdf		

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) Arkansas

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input checked="" type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
St. Paul Fire & Marine Insurance Company	MN	24767	41-0406690
St. Paul Mercury Insurance Company	MN	24791	41-0881659
St. Paul Guardian Insurance Company	MN	24775	41-0963301
Athena Assurance Company	MN	41769	41-1435765
St. Paul Protective Insurance Company	IL	19224	36-2542404
The Travelers Indemnity Company	CT	25628	06-0566050
Travelers Property Casualty Company of America	CT	25674	36-2719165
The Charter Oak Fire Insurance Company	CT	25615	06-0291290
The Travelers Indemnity Company of America	CT	25666	58-6020487
The Travelers Indemnity Company of Connecticut	CT	25682	06-0336212
The Phoenix Insurance Company	CT	25623	06-0303275
NIPPONKOA Insurance Company, Ltd. (U.S. Branch)	NY	27073	98-0032627
Travelers Casualty and Surety Company	CT	19038	06-6033504
Travelers Casualty and Surety Company of America	CT	19046	06-0907370
Farmington Casualty Company	CT	41483	06-1067463
The Standard Fire Insurance Company	CT	19070	06-6033509

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Carol Letendre 385 Washington St. 9275-NB14L St. Paul, MN 55102	651-310-7110 800-328-2189 Ext. 07110	651-310-4361	Cletendr@travelers.com

Filing information

Line of Insurance (see attachment)	Workers Compensation
Company Program Title (Marketing title) (if applicable)	WC –Terrorism
Filing Type ** see note below	Rate Filing
This application is used with:	
Effective Date Requested	September 1, 2008
Filing date	July 14, 2008
Company Tracking Number	2008-06-0055
Date filing approved in domiciliary state, if applicable	September 1, 2008

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Rate Page	WC-AR-CAT-1	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither	N/A – New	N/A – New

To be complete, a form filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Carol Letendre

Carol Letendre

Sr. Regulatory Analyst

Signature

Print Name:

Title: